

MONITORING FILE SAMPLE

LEA: _____

DATE OF ON-SITE REVIEW: _____

List all student files and indicate the purpose of review for each file selected. Have all files available on the first day of the on-site review.

Purposes of review and forms to be used

Student Last name, first initial	Census # or DOB	School or Teacher	Eligibility Category	Initial Eval F-1,2,8,9	Reeval F-1,2,8,9	Preschool F-1, 2, 7,8	Transition F-1,2 ,8,9	Phased Out F-6, 8	Suspension F-1, 4 ,8, 9	Reviewer Signature
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